

# Medicare Direct Contracting Approach and Services

Medicare Direct Contracting (MDC) presents a unique opportunity for organizations seeking to advance their value-based payment (VBP) strategies. Built off of CMS and CMMI Accountable Care programs, MDC offers the opportunity to embrace full risk and includes unique features that enable providers to invest in population health infrastructure and align their Medicare fee-for-service line of business with other risk-based strategies. In addition to supporting our clients in the MDC application process, we offer end-to-end VBP strategy support, including the financial and analytical tools to diagnose gaps and opportunities within and beyond the MDC program. We adapt our products and services to each client’s strategy and operations and determine where competencies and resources can be leveraged, providing support where we add the most value. Below are sample service offerings for Medicare Direct Contracting.

Scope of Work	Description
<b>Value-based Payment Roadmap and Capabilities Gap Assessment</b>	Evaluate current VBP contracts, population health management capabilities, and care model to establish a VBP Roadmap strategy to financially sustain clinical programs and transition to increased levels of risk. Identify capabilities gaps and establish build/buy/lease strategy. Conduct population health analytics to identify opportunities and feasibility of generating savings and reducing the total cost of care. MDC and other models examined as potential tools in this transition.
<b>Financial Feasibility Analysis and Program ROI</b>	Top-down rapid ROI analysis to develop understanding of potential magnitude of program gains or losses after making identified investments from gap assessment. Support go/no-go decision for MDC program. Where claims are available, a bottom-up pro forma can offer more precision on key metrics of program ROI and breakeven timeline.
<b>Medicare Direct Contracting (MDC) Application Support &amp; Wraparound Analytics</b>	Project management, language drafting and review, and advisory support for the submission of a competitive and compliant application. Available a la carte analytics options to support strategic decisions embedded in application requirements, including financial modeling, network analysis and funds flow and physician compensation modeling.
<b>Network Analytics</b>	Analyze historical financial information to understand total clinical revenue for Direct Contracting Entity. Identify priority providers and define criteria and determine Participant and Preferred Provider status of target network providers. Conduct analysis of network providers, including information request to meet MDC application requirements.
<b>Provider Engagement and Network Contracting</b>	Develop high-performing Direct Contracting Entity (DCE) Network given unique needs of target population in context of prospective beneficiary alignment and voluntary alignment implications. Establish provider recruitment, engagement and communication strategy. Examine current market context to inform DCE provider recruitment strategy.
<b>Provider Funds Flow and Compensation Model</b>	Customize funds flow and contracting model and co-develop clear value proposition to targeted DCE provider partners. Drive alignment between physician compensation models and desired VBP outcomes. Includes definition of risk pools and exploration of a range of VBP payment models as appropriate for network maturity and DCE VBP goals.
<b>Beneficiary Engagement Strategy</b>	Competitive market analysis and recommendations on beneficiary engagement strategy. Where data is available, generate chase lists and outreach strategy to engage beneficiaries on voluntary alignment opportunity. Develop beneficiary incentive strategy in compliance with MDC rules and regulations.
<b>Direct Contracting Entity (DCE) Launch</b>	Support in standing up the legal entity, governance structure, and ongoing population health oversight required for DCE launch prior to signing the CMS Participation Agreement. Facilitate stakeholder alignment and framing of collective value proposition, roles, and responsibilities.
<b>Population Health Management</b>	Leverage Analytics for Risk Contracting (ARC) suite of tools, serve as the population health analytics platform for the DCE in alignment with MDC program analytics capability requirements. Perform ongoing claims analytics, performance monitoring, dashboards, and related funds flow and ROI calculations.

**COPE Health Solutions** is a national leader in helping health care organizations succeed amid complexity and uncertainty

For more information on Medicare Direct Contracting, please contact Shanah Tirado at [stirado@copehealthsolutions.com](mailto:stirado@copehealthsolutions.com) or 213-369-7415.

## Performance Year 2022 Application Timeline and Milestones

